



DEPARTMENT OF THE NAVY

BOARD FOR CORRECTION OF NAVAL RECORDS

2 NAVY ANNEX

WASHINGTON DC 20370-5100

JRE

Docket No: 1071-97

15 October 1999

Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 30 September 1999. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by designees of the Specialty Advisor for Psychiatry dated 22 June 1998, and from the Specialty Advisor for Psychiatry dated 22 July 1999, and your rebuttal to the latter opinion. A copy of each opinion is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the 19 August 1999 advisory opinion. It was not persuaded that you were unfit by reason of physical disability at the time of your discharge from the Navy. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official

records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

Navy Psychiatry

22 July 1999

From: CAPT William P. Nash, MC, USN; Specialty Leader for Navy Psychiatry
To: Chairman, Board for Correction of Naval Records

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS IN THE CASE OF FORMER
[REDACTED]

Ref: (a) Chmn, BCNR, ltr 06 July 1999

Encl: (1) BCNR File, Including Service and VA Record

1. Having reviewed enclosure (1), including the psychiatric report submitted by LT Burke and CDR Berg in June 1998, I offer the following responses to the questions posed in your letter, reference (a), to assist the Board in its review of subject application.

a. [REDACTED] and [REDACTED] appear to have inferred that former [REDACTED] was suffering from Posttraumatic Stress Disorder at the time of his discharge from the Navy in 1968 largely based on the possibility that some of his mood and behavioral complaints at that time were due to unreported posttraumatic intrusive reexperiencing, hyperarousal, or avoidance. You are correct, however, that the records do not support more than an inference on this point. All specific symptoms of PTSD were first reported by the member many years later, after entering the VA system.

b. I agree that had the member reported PTSD symptoms before his discharge from the Navy, these would have been documented in his Navy medical record. It is possible, though, that the member failed to report these symptoms simply because no one specifically asked about them and he wasn't then aware that they were secondary to combat exposure and were potentially treatable (and compensable). Once again, this is just conjecture, not a fact based on available evidence. Against this possibility, though, are two facts: (1) the member specifically denied symptoms of nightmares, trouble sleeping, depression, excessive worrying, or other nervous symptoms on his diving physical in March, 1968; and (2) he first requested evaluation at the VA in 1974 for musculoskeletal pain, not symptoms of PTSD.

c. It is my opinion that the member *did* exhibit evidence of a personality disorder before, during, and after his time in the Navy. I do not agree with [REDACTED] and [REDACTED] that his discharge from the Navy for a personality disorder was an error.

d. Since available evidence does not convincingly support the conjecture that the member was suffering from severe and disabling PTSD at the time of his discharge from the Navy, I also disagree with [REDACTED] and [REDACTED] that he should have been discharged by reason of a physical disability.

2. Based on the above facts and opinions, I recommend that subject service members application for correction of his Naval records be denied.


W. P. Nash

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Department of Psychiatry

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22 Jun 68

FROM: Michael S. Burke, LT MC USNR
TO: Chairman, Board of Correction of Naval Records
SUBJ: Comments and Recommendations Regarding the Application for
Correction of Naval Records in the Case of Former [REDACTED]
[REDACTED]
SSN: [REDACTED]

The subject requests correction of his naval record and contends that he was unfit for duty by reason of post-traumatic stress disorder on 18 September 1968 when he was discharged from the Navy.

A careful review of the subject's medical record and service jacket revealed that he spent a total of 4 years 4 months 19 days of total service. He served as a Navy corpsman assigned to a Marine Corps line company in Vietnam from January 1966 to August 1966. On three separate occasions, he sustained combat injuries and received three purple heart medals, with a recommendation for a bronze star. From the time of his initial enlistment until his return to CONUS in August 1966, his service record and medical record reflect that he was emotionally stable, physically fit, and tended to his duties admirably.

The subject's medical record reveals the following psychosocial developmental history. He performed satisfactorily in school, but was on occasion considered a disciplinary problem. In high school, he was charged once with being drunk and disorderly. On another occasion, he assaulted a teacher. As a result, he quit school before he was expelled. He was arrested by civilian authorities on January 1, 1966, carrying a concealed weapon.

Review of the service member's jacket reveals that his evaluations averaged 3.5 prior to his Vietnam experience. Afterwards, however, there is clearly a decreasing trend in his overall performance from 3.5 to 2.8. On May 11, 1968, the subject was found to be on unauthorized absence for approximately one day. On May 16, 1968, his evaluation stated that his professional performance, military behavior, and adaptability rated a 2.8 and that he required constant supervision and lack of initiative. It was also noted that there was friction between the subject and several corpsmen secondary to the subject low morale.

It is important to note that a neuropsychiatry evaluation did not reveal evidence for a psychiatric diagnosis upon the subject's return to CONUS.

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However, on August 16, 1968, the patient's medical record documents that he overdosed on a significant amount of Valium in a suicide attempt. He was also noted to be "obsessively suicidal" and experienced difficulty sleeping, which was unrelieved by Thorazine. He was agitated with obsessional negating and self-deprecating thought patterns. There was evidence of mild depression and noticeable hostility.

The subject's medical record dated August 29, 1968, indicated the following. His physical, neurologic, and laboratory examinations were within normal limits. However, the patient continued to endorse depression while in the hospital. He denied hallucinations and delusions, as well as suicidal ideation. Collateral information from officers aboard the USS GILMORE indicated that the subject was hard to deal with at work, required watching consistently, and had repeated interpersonal conflicts. There was some evidence to indicate that the patient possibly had been taking drugs illegally, specifically Valium, by forging signatures on prescriptions. In addition, other collateral evidence gathered by two women in the Charleston area indicated that the patient was having extramarital affairs.

The subject's Medical Board also noted that since his return from Vietnam, his level of anxiety was notably increased. The subject at the time alleged that he had been receiving treatment by a civilian psychiatrist in the Charleston, South Carolina, area who had prescribed him amphetamines and phenothiazine to treat depression and anxiety. At the time, a conference of staff psychiatrists agreed that the patient had shown long-lasting evidence of a personality disorder. They also stated there was no minimal external precipitating stress due to naval service, and that his gradually failing performance was due to his personality structure. As a result, he was discharged honorably from the Navy, but denied recommendation for re-enlistment. Documentation from a neuropsychiatric examination at the V.A. Medical Center in Dallas, Texas, on February 18, 1969, indicated that the patient was "nervous all the time".

He was belligerent at home and there was constant family conflict. It was also documented that he was having difficulty with sleep. It was reported that the subject did not engage the examiner in too much of a detailed discussion of his condition and left most of the examination to the examiner and to the records for history-gathering. A neuropsychiatric medical evaluation for rating purposes at the Houston V.A. Medical Center in Texas, dated June 17, 1987, indicated that the member had only worked intermittently for periods of about 1½ years at a time over the past 20 years. He appeared somewhat angry. He reported nightmares, night sweats, intrusive recall of combat experiences, and being easily startled by loud noises.

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He reported having difficulty dealing with Oriental persons. He described two particular incidences in which he experienced flashbacks while at work. He reported seeing multiple bodies as well as people being killed in Vietnam. It was also documented that there had been several episodes of psychiatric hospitalizations beginning in 1968 and including hospitalization at the Houston V.A. Medical Center January 13 and re-hospitalization in May 1987. The patient had been unable to sustain work since 1985 due to his psychiatric complaints. In his history, he had worked briefly as a police officer in Texas, but had difficulty and eventually quit that occupation because of his dislike for Orientals and aliens. At the time of this report in 1987, he was unemployed and suffering from financial difficulty and marital problems. There was also a history of heavy alcohol use and abuse documented. His mental status examination at the time described him as angry, surly, and his psychomotor activity was elevated.

A review of the patient's service jacket and medical record provides evidence that this subject was experiencing signs and symptoms of post traumatic stress disorder prior to discharge from the military. Review of the modern day criteria for post traumatic stress disorder indicates the following: It is documented that the member did experience and witness death, serious injury, as well as a threat to his physical integrity. He reacted with intense fear and helplessness. Although intense recall in the form of images and thoughts, as well as recurrent distressing dreams and flashbacks are well-documented after his discharge from the military, there is indication that he was suffering from distressing perceptions that he was unable to communicate at the time of his military service, which lead to increased anxiety, insomnia, as well as irritability and impulsivity.

In addition, the subject exhibited an avoidant behavior pattern, indicated by avoiding thoughts, feelings, and conversations about his Vietnam experience prior to discharge from the military. There is evidence that he was unable to recall important aspects of the trauma at the time, but yet manifested psychological dysphoria because of it. There was diminished interest in participation in significant activities as reflected by his trend of decreasing performance evaluations. There is also a feeling of detachment and estrangement from others as indicated by his inability to get along with fellow corpsmen after being reassigned to the USS GILMORE after his Vietnam experience. There was also evidence to indicate that the member experienced a sense of foreshortened future as indicated by not expecting to have a long-lasting military career, marriage, or normal life span.

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In addition, there is evidence of hyperarousability indicated by difficulty falling or staying asleep, irritability, and outbursts of anger, in addition to difficulty concentrating on his work. These symptoms were compensated for by episodes of rage, impulsivity, including infidelity in his marriage. Also supporting the indication that he was hyperaroused was evidence that he was taking excessive amounts of Valium, a medication known to relieve anxiety and autonomic hyperarousal. The duration has been more than one month and clinical presentation and history clearly indicates significant distress and impairment in social, occupational, and other areas of functioning. The duration of his symptoms have been longer than three months and it appears that the onset was delayed.

In conclusion, this patient meets the criteria for post traumatic stress disorder which began prior to his discharge from the Navy. The patient was discharged from the military inappropriately and naval records should be corrected to indicate that the subject should have been discharged due to a physical disability, specifically, post traumatic stress disorder. This case was discussed in detail with Dr. Jennifer S. Berg, CDR MC USN.



J. S. Berg
J. S. Berg, M.D.
CDR MC (FS) USN
Staff Psychiatrist
0374

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